

A Guide for Exploring Polio Memories

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"History, despite its wrenching pain, cannot be unlived,
but, if faced with courage, need not be lived again."

– Maya Angelou (1993) *On the pulse of morning*.

In this and the upcoming article (*Polio Network News*, Vol. 18, No. 4), we focus on psychotherapy as a way to heal traumatic memories that interfere with a person's functioning, health, relationships, or responsibilities. Survivors – whether they were children, adolescents, or adults when they contracted polio – experienced losses as a result of contracting the disease. In order to survive painful experiences, individuals adapted to the overwhelming feelings caused by separations from their families, long hospitalizations and rehabilitation, and disruptions in activities that stemmed from the disease. How did they do this? Their minds creatively protected them from dealing with the distress by blocking it out of their conscious memory. This is a common coping response to trauma.

What differs for polio survivors? In addition to dealing with the impact of past memories, many are contending with the late effects of polio – a physical condition that affects their energy levels, mobility, endurance, and daily functioning. Many report that their physical conditions have disrupted their relationships, careers, and financial security. For some, current circumstances are traumatic and can unconsciously remind them of earlier polio experiences.

Our previous article (*Improving Quality of Life: Healing Polio Memories*, *Polio Network News*, Vol. 18, No. 1) illustrated how unresolved issues from early polio experiences can limit survivors' abilities to make changes that would improve their health and outlined how survivors can determine if they need therapeutic assistance. This article offers readers options of what they can do to reduce the distressing effects of their polio memories. We focus on psychotherapy as an effective option and highlight benefits that survivors have reported. Recognizing that effective psychotherapy requires a partnership, we begin by identifying responsibilities of the person seeking care and will address those of the therapist in the next issue of *Polio Network News*.

Psychiatrist and polio survivor Milton Erickson, MD, was considered a genius at helping clients make difficult changes. His success stemmed from his belief that problems are "gifts" that offer us valuable learning experiences, and his use of metaphors – symbolic language – which provided clients with an appealing perspective of their problems. In other words, he restated what felt like heavy problems into understandable, manageable, and, often, playful terms.

Likewise, we encourage survivors to consider the symptoms of their problems as a wake-up call for finding ways to experience healing power and the energy to stay healthy (Gilligan, 1997).

The Benefits of Psychotherapy

The good news is that research continues to present evidence that effective psychotherapy, using certain approaches, can result in positive changes for trauma survivors (van der Kolk, 1996). In *Healing the Blues*, author and polio survivor Dorothea Nudelman described how she has benefited from working through depression in psychotherapy (Nudelman, 1994). Other individuals who have benefited from their therapeutic experiences have reported the following improvements:

Emotionally feeling better

- ◆ calmer and hopeful for longer periods of time after a therapy session
- ◆ grateful for what is of value in one's life
- ◆ relief in understanding the reasons for unhealthy coping patterns
- ◆ feeling compassionate towards oneself and others

Physically feeling better

- ◆ having less pain
- ◆ being able to breathe more deeply
- ◆ sleeping more soundly
- ◆ gaining energy
- ◆ having fewer headaches, less digestive distress
- ◆ being aware of one's body messages

Acquired insights and improved understanding

- ◆ thinking more clearly and rationally

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- ◆ improving one's ability to concentrate
- ◆ accepting one's limits
- ◆ distinguishing what is and what is not his/her responsibility

Ability to take action

- ◆ speaking up in useful, respectful ways
- ◆ making healthy decisions and choices
- ◆ letting go of efforts to control the reactions and behaviors of others
- ◆ saying "no" without feeling guilty or obsessing
- ◆ setting appropriate limits
- ◆ focusing on the present, rather than daydreaming or worrying

Survivors are encouraged to ask themselves what changes they want if they choose to invest in healing their polio memories. Those already in therapy may want to use this article as a tool to assess how their therapy is helping them make positive changes and what additional assistance they may need.

Individual Choice and Self-Responsibility

Not all polio survivors are in need of deep intensive healing work, and others have already resolved these issues. Some survivors use psychotherapy to learn better coping skills and to reduce the impact of depression and anxiety. Others choose to make improvements in their lives on their own by exploring self-help resources. Still others cope with what they know and do not want to look at any issues related to the subjects of feelings, distress, or their

pasts. Some individuals may choose not to read this article because they do not want to venture into uncomfortable territory or may not possess the energy required.

Each polio survivor has the right to choose what fits with his/her values, priorities, and interests. Each option has its advantages and risks. We encourage survivors to approach these issues with an open mind, and to ask themselves what they need in order to take care of their health and fulfill their goals, regardless of the stage of their lives.

Those survivors who choose psychotherapy will need to:

- ◆ display the commitment and self-responsibility to make changes by attending sessions regularly and investing time and energy outside the sessions to improve their lives (Finney, 1995);
- ◆ select an ethical, competent therapist with expertise in healing memories;
- ◆ gain access to affordable services;
- ◆ use the therapy process as a practice ground, disclosing honest reactions during sessions; and
- ◆ risk experiencing difficult feelings.

Not every survivor will want or can afford to deal with these issues in therapy. Individuals who do not have access to adequate mental health services, financial or physical resources, or who do not want to do this work, are advised not to pursue memory work. Instead, we recommend they use available resources to manage the distress of symptoms. A list of possible

resources will be published in the Fall issue of *Polio Network News*.

Goals of Psychotherapy

Depending on an individual's circumstances and what the person wants from therapy, treatment plans and approaches will vary. Goal setting is an essential part of any therapy experience. What does one want to change? What specific and positive results do they want to achieve and experience from investing in therapy? Therapists need to ask their clients these direct questions, gain agreement on treatment goals, and tailor the therapy process to meet the client's needs.

For example, people who have frequent nightmares may identify sleeping soundly as an ultimate goal. Trauma survivors, such as veterans or people who live in war zones, often have related sleep disturbances.

Polio survivors have reported having anxiety attacks before going to medical appointments. These individuals may want to feel calm and confident when dealing with health care issues. Learning how to communicate assertively may help them grow in confidence. However, if their anxiety continues, they may need to consider what causes the anxiety attacks. Unresolved memories may be affecting their unconscious minds.

In successful therapeutic relationships, clients will learn how to express their thoughts and feelings, and how to set healthy limits. Talking about the therapy process and reactions to the therapist typically offers another

very useful learning experience (van der Kolk, 1996).

A respectful and nonjudgmental therapist can use these opportunities to build trust and safety with their client. On the other hand, one who does not openly disclose disappointment or anger with a therapist may add to "unresolved issues." These, in turn, may consume mental and emotional energy that can affect a polio survivor's fatigue level.

Another important goal of therapy is to use issues that arise in the therapeutic relationship as a way to uncover unresolved issues. For example, a person who had difficulty speaking up to authority figures expressed disappointment to her therapist and was relieved by the therapist's accepting and validating responses. In talking about her fears, the client uncovered an unconscious belief from her childhood that was limiting her ability to communicate her disappointments and concerns to health care professionals. She came to realize that, as a young child, she had believed that if her doctors became angry at her, they would not take care of her, and she would die.

People who are afraid to talk with a therapist or who find fault with every suggestion a therapist offers, may choose to set a goal of building trust with the therapist. Otherwise, their fear or fault-finding may interfere with their ability to address core issues, such as their feelings about their pasts. Marsha Linehan has created a process known as Dialectical Behavior Therapy (DBT) that can help in reducing "therapy-interfering behaviors" of this nature (Treigle, 2001).

Another goal of therapy is to learn skills that will help the therapeutic process progress towards the client's desired outcomes. For example, one who wants to improve his/her relationship may benefit from learning interpersonal skills. The therapist and client need to identify the particular skills that would help the individual reach his/her goals and make the therapy process productive.

Because working through traumas can trigger thoughts and feelings that may leave one overwhelmed, it is essential that therapists teach their clients skills that will help them learn how to stay focused on the present reality (van der Kolk, 1996). Nancy Napier offers useful techniques that can help clients learn how to cope with the potential dis-

tress of working through traumatic memories (Napier, 1993). Normally, treatment programs teach participants how to stay connected to their bodies (rather than being distracted by overwhelming thoughts or feelings), pace the release of feelings and memories, and contain them when they are too overwhelming or inappropriate to deal with at the moment.

Dealing with Feelings

People learn many ways to protect themselves from experiencing their feelings. Since working through memories brings uncomfortable feelings and anxieties to the surface, a person may feel worse before feeling better. Realizing that facing hurt

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Bieniek is a polio survivor, ventilator user, and disability advocate who serves on GINI's Board of Directors. She previously chaired the Board of Directors of Chicago's independent living center. Recently, she presented a professional workshop for psychotherapists and counselors at Abilities Expo in Metro Chicago on working with clients who have chronic medical conditions or physical disabilities.

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and anger are part of grieving can support a client in recognizing the benefits of committing to the healing process.

In his article, "The Lessons and Legacies of Polio," Lauro Halstead, MD, illustrates how aging adults may need to grieve polio-related losses that they, as younger people, were unable to express emotionally.

"It wasn't until several years after that, when I joined a support group and began talking with other polios about my new loss and new pain, that I began to grieve for the body I had lost thirty years earlier (Halstead, 1995)."

Traumatic events can involve a sense of loss – of safety, childhood activities, career opportunities, or trust in self or others. Therapy needs to create safe opportunities for expressing reactions to these events from the past – the "sad, mad, glad, scared" feelings (Glaser, 2001). The healing process requires releasing feelings, understanding the effects of a loss, and discovering ways to find meaning and growth from the experience (Schiraldi, 2000).

Treatment for Trauma

Most individuals who want to resolve the impact of their polio memories enter therapy on an outpatient basis. However, individuals who have experienced ongoing, intense traumas (e.g., abuse) may require clinical programs that offer the needed level of assistance and expertise to reduce their distressful symptoms and safely support them through the process of working through memories.

When a survivor's symptoms interfere with their ability to function and/or to process memories on an outpatient basis, and, if a client's physical reactions to the distress of the process present a risk to the individual (e.g., some physical health conditions may require monitoring of cardiac and respiratory function), then an intensive outpatient or inpatient program is medically necessary to prevent the development of further symptoms.

Structured Trauma Programs are usually affiliated with major medical centers or universities or are a service offered by select behavioral health treatment centers. They are available in some countries, but not all. Effective, ethical programs can help stabilize disruptive symptoms such as compulsive eating, excessive sleeping, flooding of feelings, and prepare a client for continuing therapy with an outpatient therapist.

For those who choose to address their polio memories, trauma specialists agree that treatment needs to be approached in phases. The International Society of Stress Studies recommends that treatment focus on:

- ◆ stabilizing and reducing distressful symptoms;
- ◆ managing unhealthy, harmful behaviors;
- ◆ improving functioning and the ability to concentrate, assert needs, set limits, communicate effectively, make healthy decisions; and
- ◆ building healthy, respectful relationships with self and others (ISSD, 2000).

Harvard University Professor Bessel van der Kolk and other

trauma specialists state that processing trauma information involves identifying, exploring, and modifying the effects of memories. In addition, they emphasize the need to teach survivors how to create and use plans that can prevent them from slipping back into unhealthy coping behaviors such as self-neglect, gambling and other addictions, and neglect of responsibilities (Glaser, 2000).

During this process, individuals need to learn how to listen to their bodies' messages ("gut feelings") and to respect their intuition. The success of their recovery involves learning how to nurture and fulfill their present-day physical, emotional, relational, and intellectual needs to counter the effects of traumatic situations from their pasts. This requires a compassionate approach, being responsible for their behaviors and treatment, and developing internal and external support. ■

The Fall 2002 issue of *Polio Network News* will explore the process of locating and selecting a therapist and additional treatment approach options.

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Many people claim that "the past is past." While that is true, researchers have found physical evidence in brain scans indicating that trauma physically affects the brain and neurobiology of a trauma survivor (Bremner, 2002).

Research continues to reveal that traumatic experiences affect the body, the mind, and a person's neurology, and that these are interconnected. For example, trauma affects the mind when it results in a person developing limiting beliefs about self or the world. One illustration is a child, who was emotionally injured by a caretaker, thinking that she is bad and the world is not safe; another is a young adult, who contracted polio in a country where the disease is considered an evil curse, believing that he is unworthy to succeed in marriage or a career.

Trauma can leave long-lasting effects including low self-esteem or depression, blocked energy in the form of fatigue or decreased motivation, and physical symptoms ranging from digestive trouble to pain similar to that experienced during the original traumatic incident (Bieniek & Kennedy, 2002).

In recent years, psychiatry has rediscovered that dissociation plays a critical role in the development of trauma-related symptoms and conditions. "Dissociation" occurs when a person is overwhelmed by an experience and puts the experience out of his/her conscious mind because it is too difficult to integrate. In other words, the reality of what happened is too much for the person to deal with at that time. This happens not only at the time of the traumatic event, but also can continue as a long-term consequence of the trauma (van der Kolk, 1996).

Clinically, dissociation occurs in a variety of ways on a continuum of related psychological conditions. For example, in veterans who have post-traumatic memories of military scenes, symptoms may include intrusive recollections, nightmares, and flashbacks that can limit their concentration and functioning (van der Kolk, 1996).

For example, some individuals who lost a parent as a child may numb their feelings of grief by reading excessively or overusing alcohol. They may distract themselves from their feelings by taking care of others or talking compulsively. Extreme forms of dissociation can develop from chronic or intense neglect, or from physical, sexual, or psychological abuse that often occurred at an early age (van der Kolk, 1996).

The good news is that even if a person has had such a painful life history, treatment can effectively resolve or reduce the impact of these experiences. Trauma programs are especially useful for survivors of severe and ongoing trauma. One client who had problems functioning because of frequent shifts in his mood, energy, and ability to concentrate reports, "I was relieved to find professionals who understood the reasons for my intense distress. They helped me learn what I needed to get my life back."

Although trauma issues are difficult to face, there is hope. Skilled professionals who understand can help trauma survivors free themselves from the long-lasting effects of the painful experiences in their pasts.